

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2							52						
3							53						
4							54						
5							55						
6		5					56						
7		2					57						
8	1						58						
9							59						
10		2					60						
11		2					61						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2												
TOTAL DEP.	14												
TOTAL CLAIMS	16												